

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 856244	RECEIPT DATE:	05 / 17 / 01
IA NUMBER: PCT/	US99 / 22948	IA FILING DATE:	10 / 12 / 99
FAMILY NAME:	DUNCAN	DELAY WAIVED (Y/N):	N
GIVEN NAME:	MAXON	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	N	PRIORITY DATE:	00 / 00 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	604.12-US1	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 024392	TELEPHONE	7144492337
		FAX	7144492339
NAME:	FISH & ASSOCIATES, LLP		
STREET:	1440 N. HARBOR BLVD.		
	SUITE 706		
CITY:	FULLERTON		
STATE/COUNTRY:	CA	ZIP:	92835
EMAIL:			
APPLICATION TITLES:			
	LOAD BALANCING VIA MESSAGE SOURCE SELECTION		

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 3875

SERIAL NUMBER 09/856,244	FILING DATE 05/17/2001 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 604.12-US1
APPLICANTS Maxon Duncan, Fullerton, CA; Edward Roberts, Mission Viejo, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/22948 10/12/1999				
** FOREIGN APPLICATIONS *****				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 8
INDEPENDENT CLAIMS 2				
ADDRESS 24392				
TITLE Load balancing via message source selection				
FILING FEE RECEIVED 50	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	